

the event at any time.

Due to unexpected situations, the program, date, Venue, speakers

may change and AHF reserves the right to make this.

REGISTRATION FORM

29-30 APRIL 2018MUSCAT - OMAN

Family Name	Nam	e		
Company NamePosition		Nature of Business		
Tel Fax			_ Mobile	
Email	,	Website		
I would like to register for the Co				
	FEES	USD Total to be paid:		
LICODITALO				
HOSPITALS PER DELEGATE	250 USD			
FOR COMPANIES PER DELEGATE	500 USD			
The places are limited. Pleas	se fill in the form and se e Hotel Booking , Kindly fil	end it back befo	- Congress Kit - Lunches & Coffee Breaks ore 15 March. rmation in order to guarantee the booking)	
F*	Single Room	Double Room	These rates are per room/ per night on B&B basis including taxes	
5* Intercontinental Mu	uscat 228 USD	243 USD		
Full Name (as indicated in the pa	assport)			
Phone	Fax			
Spouse/Guest Name			Mobile	
 The payment of accommodation s Check in time 15:00 hrs and Check O Please note that Reservation should In order to avoid no show charges, please Other Information: Airport 	but is 12:00 Noon. Late check on be received latest by 15 March ase cancel your reservation before	ut is subject to availab n 2018, after which ro e 1 April 2018, If not a c		
☐ Pick up		☐ Drop	Kindly Coordinate it at the Hotel reception	
Arrival		Departure		
Flight Date		Flight Date		
Flight No.		Flight No.		
The Cost of Airport Pick up a		-		
Name of Card Holder		Card Type	Card Type	
Credit Card Number		Expiry Date		
I hereby agree that in case of car	ncellation after 15/3/2018	or NO SHOW, one	night will be charged to my credit card.	
Cancellation Policy Replacements from the same ins	stitution may be proposed	to	Stamp & Signature of Institution	